An	nlica	tion	or	Docker	Nh	ع د ادین
7 47	レハウは	TIOL I	\cup ι	DUCKEL	101	HIDEL

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN	
			(Column	1)	(Colu	nn 2)	. 17	PE _		QЯ	SMALL	
TO	TAL CLAIMS							RATE	FEE	1	RATE	FEE
FO	R		NUMBER (FILED	NUMB	ER EXTRA	В	ASIC FEE	370.00	ÖR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			min	us 20=	*			X\$ 9=		OR	X\$18≈ .	
IND	EPENDENT CL	AIMS	minus 3 = *					X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=			+280=	
* If the difference in column 1 is less than zero, enter "o					"0" in c	olumn 2	-	TOTAL		OR OR	TOTAL	
CLAIMS AS AMENDED - PART II								ا ۱۸۱۸ ا		lon	OTHER	THAN
		(Column 1) CLAIMS		(Colun		(Column 3)		SMALLE	NTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /	٨	RATE	ADDI- TIONAL FEE
	Total	<u> </u>	Minus	<u>"70</u>	<u></u>	- Marie Marie		X\$ 9=		OR	X\$18⊨	
AME	Independent IRST PRESE	* VITATION OF MU	Minus JLTIPLE DEF	*** (CLAIM	= •		X42=		OR	X84=	
·						hardI		+140=		OR	+280=	
	13			. *			AD	TOTAL DIT. FEE		OR.	TÖTAL ADDIT. FEE	T
		(Column 1)	Photograph same throughward	(Colun		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S S	Total	* 10	Mińus	** 6	70	=		X\$ 9=		OB-	X\$18=	
A	Independent	* /	Minus	***	3	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	THIPLE DEF	ENDENT	CLAIM		-	+140=		-	+280=	
			•		•		ـــا	TOTAL		OR	TOTAL	
		(C) = 1		/Calur	~~ O)	(Calumb a)	AD	DIT. FEE		ĮON.	ADDIŢ. FEE	
-	- 法本金属基本的提	(Column 1) CLAIMS	NECT WAVE	(Colur HIGH		(Column 3)	I		·			
AMENDMENT C		HEMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	* 10	Minus	** 0	70.	=		X\$ 9=		OR	X\$18=	
AME	Independent	* /	Minus	***	<u> </u>			X42=		OR	X84=	
L	PINS PRESE	NTATION OF M	ULTIPLE DE	FUDEN	CLAIM		1				.000	
- (If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2, write	3 "0" in oo	lumn 3.	۔ ا	+140= TOTAL		PO	+280=	
15.00	If the "Highest Nu	mber Previousiv P	ald For" IN THI	S SPACE	s less the	n 20, enter "20,	" AD	DIT. FEE		OR	TOTAL ADDIT, FEE	l.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10					RATE	FEE	OR 1 1		
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		ASIC FEE	355.00		RATE BASIC FEE	FEE 710.00	
<u> </u>				-ICED	IVOIVID	- CATRA			333.00	OR	DASIC FEE	710.00
TC	TAL CHARGEA	ABLE CLAIMS	/O mir	us 20=	<u>*</u>		L	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS / minus								X40=	-	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If	the difference	less than ze	ss than zero, enter "0" in column 2						OR	TOTAL	7/0	
	C			1.0		OTHER	THAN					
		CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OR.	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- C1 A11A	=	1	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-135=		OR	+270=	
							<u> </u>	TOTAL		OR	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADI	DIT. FEE			ADDIT. FEE	-
_		CLAIMS		HIGH	EST		_		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**		=	>	X \$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OD	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		-			OR	7,00	
							<u> </u>	135=		OR	+270=	
							ADD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=	\	<40=	. ,	OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			135=		UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THI	S SPACE is	s less tha	n 20, enter "20."	ADD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		nber Previously Pai					r found	in the ann	ropriate hox	in col	umn 1.	